Campaign Disclosure Statement Summary Page

17 LOAN GUARANTEES RECEIVED Schedule B. Part 2 \$ ____

19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ _

18. Cash Equivalents See instructions on reverse \$

Cash Equivalents and Outstanding Debts

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 01/01/2004 CALIFORNIA 460 FORM 1.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Not Yet Received Families for Linda Jordan Column A **Calendar Year Summary for Candidates** Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) **General Elections** 1/1 through 6/30 7/1 to Date 0 2. Loans Received Schedule B, Line 3 0 0 20. Contributions SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 0 0 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 0 0 Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State** 0 6. Payments Made Schedule E, Line 4 \$ ____ **Candidates** 0 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* 0 0 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ ______ (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date 0 0 (mm/dd/vv) 10. Nonmonetary Adjustment Schedule C, Line 3 0 0 **Current Cash Statement** 0 To calculate Column B. add 0 amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts 0 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last report. Some amounts in 15. Cash Payments Column A, Line 8 above Column A may be negative figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed

0

0

0

for this calendar year, only

carry over the amounts

from Lines 2, 7, and 9 (if

any).

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC